07/20/2015 18 : 07

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FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

| (a) Name of Individual, Organization or Corporation America Next Inc | | | |
|--|--|--|--|
| (b) Address (number and street) check if different than previously reported PO Box 320966 | | | |
| (c) City, State and ZIP Code | | | |
| Alexandria VA 22320 | 3. FEC Identification Number | | |
| , | | | |
| Occupation and Name of Employer (for Individual Filers Only) | C C90015439 | | |
| 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report | | | |
| (a) April 15 Quarterly Report | | | |
| July 15 Quarterly Report 24-Hour Report | | | |
| October 15 Quarterly Report 48-Hour Report | | | |
| January 31 Year-End Report | | | |
| b) Is this Report an amendment? X No Yes, it amends the report filed on | M / D D / Y Y Y Y | | |
| 5. COVERING PERIOD: FROM 07 / 15 / 2015 THROUGH 07 / 17 / 2015 | | | |
| | | | |
| 6. TOTAL CONTRIBUTIONS | .00 | | |
| 7. TOTAL INDEPENDENT EXPENDITURES | 392648.86 | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation of, any candidate or authorized committee or agent of either, or any political party committee or its agent. | or concert with, or at the request or suggestion | | |
| TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE [Ele | DATE ctronically Filed] | | |
| Jimmy Faircloth Jimmy Faircloth | 07/47/2045 | | |
| | 07/17/2015 | | |
| NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to | the penalties of 2 U.S.C. §437g. | | |

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2 FOR LINE 7 OF FORM 5

| AME OF FILER (In Full) | | | | | | |
|---|-------------------|---|---------------|---------------------------------------|-----------------------|---------------|
| merica Next Inc | | | | | | |
| | | | | | | |
| Full Name (Last, First, Middle Initial) of Paye | ee | | | Date of Pub | olic Distribution/ | Dissemination |
| OnMessage Inc | | | | M M 07 | / 15 | 2015 |
| Mailing Address 705 Melvin Ave #105 | | | | Amount | 19 | 2010 |
| | 01-10 | | | Alliount | | |
| City | State | Zip Code | | | · · · | 380632.00 |
| Annapolis | MD | 21401 | | | on ID : F57.0000 |)01 |
| Purpose of Expenditure Television Ad Placement | | Category/ Type | 004 | Office Sought: | House Senate | State: |
| Name of Federal Candidate Supported or O Bobby Jindal | pposed by Expendi | iture: | | Check One: | X President X Support | Oppose |
| 1 | | | | | | General |
| Calendar Year-To-Date Per Election for Office Sought | | 380632 | | Disbursement For: 2016 Other (s | | General |
| Full Name (Last, First, Middle Initial) of Paye | ee | | | Date of Pub | olic Distribution/ | Dissemination |
| OnMessage Inc. | | | | M M | / D D / | Y |
| Mailing Address 705 Melvin Ave #105 | | | | 07 | 15 | 2015 |
| | | | | Amount | | |
| City | State | Zip Code | | | | 12016.86 |
| Annapolis | MD | 21401 | | Transactio | n ID : F57.0000 | 002 |
| Purpose of Expenditure Television Ad Production | | Category/ Type | 004 | Office Sought: | House Senate | State: |
| Name of Federal Candidate Supported or O Bobby Jindal | pposed by Expend | iture: | | Check One: | X President X Support | District: |
| Calendar Year-To-Date Per Election for Office Sought | | 392648 | 8.86 | Disbursement For 2016 Other (s | Primary | General |
| Full Name (Last, First, Middle Initial) of Payee | | Date of Public Distribution/Dissemination | | | | |
| | | M M | / D D / | TY TY TY | | |
| Mailing Address | | | | — L.J | | |
| | | | | Amount | | |
| City | State | Zip Code | | | | |
| | - | - ₁ - | | | | |
| Purpose of Expenditure | | Category/ | $\overline{}$ | Office Sought: | House | State: |
| Name of Federal Candidate Supported or O | Second by Evnend | Туре | | | Senate President | District: |
| Name of Federal Candidate Supported of C | pposed by Expende | iture: | | Check One: | Support | Oppose |
| Calendar Year-To-Date Per Election | | | | Disbursement For | : Primary | General |
| for Office Sought | | | | | specify) | |
| (a) SUBTOTAL of Itemized Independent Exp | enditures | | | > | | 392648.86 |
| (b) SUBTOTAL of Unitemized Independent E | Expenditures | | | ▶ | | |
| | | | | | | |
| (c) TOTAL Independent Expenditures(carry total from last page forward t | | | | ··· > | | 392648.86 |
| () pg | | | | | | |